

FORM TO BE USED BY A PRISONER IN  
FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
NORTHERN DISTRICT OF OHIO

Jasheva Methena

(Enter above the full name of the plaintiff in this action)

vs.

North Central Correctional  
Complex

(Enter above the full name of the defendant(s) in this action)

3:19 CV 679  
CIVIL CASE NO.

JUDGE ZOUHARY

COMPLAINT

MAG. JUDGE JAMES R. KNEPP II

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES ☐ NO ☒

B. If your answer to A is yes, describe the lawsuit in the space below, (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county)

3. Docket Number \_\_\_\_\_

4. Name of judge to whom case was assigned \_\_\_\_\_

-2-

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

6. Approximate date of filing lawsuit \_\_\_\_\_

7. Approximate date of disposition \_\_\_\_\_

II. Place of Present Confinement \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution? YES ☒ NO ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?  
YES ☐ NO ☒

C. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

D. If your answer is NO, explain why not grievance can only be filled out on the Jpay  
Jpay only gives you 15 min. then you have to restart.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities?

YES ☐ NO ☒

F. If your answer is YES,

1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_  
\_\_\_\_\_

- 3 -

### III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of the Plaintiff JOSHUA METHENA

Address NCC 670 Marion Williamsport Rd. East Marion, OH 43302

(In item B below, place the full name of the defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Use item C for the names, positions and places of employment of any additional defendants).

B. Defendant Department of Mental Health is employed as

North central correctional at complex

C. Additional Defendants \_\_\_\_\_

### IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separated paragraph. Use as much space as you need. (Attach extra sheet(s) if necessary).

Mental health staff decided with out even telling me with no  
Scientific diagnosis thought i had "schizophrenia" a mental  
illness they never tested for this ~~man~~ decided to have the  
inmates give me electric shock treatment using  
electric shock wile in my sleep in my rack.

- 5 -

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes).

I'm asking the courts to make north central correctional  
pay out a cash judgement for physical and mental  
harm to an inmate.

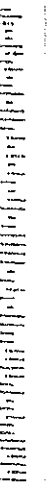
Signed this 28 day of February, 19 2019.

I declare under penalty of perjury that the foregoing is true and correct.

2-28-19  
(Date)

Mithen Joshua  
(Signature of Plaintiff)

Joshua Methena #743628  
MTC - MCI  
P.O. Box 1812  
Marion, OH 43301



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# 2

Office of the clerk  
United States District Court,  
Northern District of Ohio  
Carl B. Stokes United States Courthouse  
801 West Superior Avenue  
Cleveland, OH 44113-1830

